LIQUOR COMMISSION CITY AND COUNTY OF HONOLULU

711 KAPIOLANI BOULEVARD, SUITE 600, HONOLULU, HAWAII 96813-5249
PHONE (808) 768-7300 • FAX (808) 768-7311
INTERNET ADDRESS: www.honolulu.gov/liq

REQUEST FOR Internal Renovations

Date:						
Liquor License #:						
Licensee Name:		Doing Business	As (DBA):			
Premises Address:						
Licensee Contact Name:			_Title:			
Phone:	Fax:	Email:_				
Corporate mailing Address	s:					
Reason for the internal re	novations/alteratio	ons:				
☐ Attach Floor Plan, draw		·	in "red".			
☐ Attach Copy of Floor Pl	lan reduced to 8-1	/2"x11"				
SIGNATURE Licensee (Owner)/Authorized Agent				DATE		
PRINT Licensee (Owner)/Auth	porized Agent					
TRIVE LICENSEE (OWNER)/Addi	ionzed Agent					
		OFFICE USE:		☐ Approved	□ Denied	
LCIS ENTRY DATE:		HLC STAFF Initial:		HLC Signature		 te

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